

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy  
Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME <b>Don Gibbons</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT <b>CIRM</b>	
POSITION <b>Chief Communications Officer</b>		CB/D No.		DIVISION or BUREAU <b>CIRM</b>	
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS <b>210 King St</b>		INDEX NUMBER	
CITY [REDACTED]		STATE		ZIP CODE	
CITY [REDACTED]		STATE		ZIP CODE	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
2/11														
2/23	7:15a 5:30p	SF and San Diego						178.00	✓			0.00	178.00	
2/24	12:00 13:30	SF										0.00	107.43 ✓	
2/25		SF						45.00	✓			0.00	45.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	223.00		0.00	0.00	0.00	107.43 330.43	

## CLAIM TOTAL

\$330.43 ✓

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

2/23, cabs to airports to attend BioCom meeting on partnering in San Diego  
 2/24 lunch with West Coast Bureau Chief for Popular Science along with CIRM contractor Tania Ewing to discuss story ideas for Popular Science and for BBC radio.  
 2/25 MUNI pass

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

2-28-11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

3/1/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

2000-29202-502/2